



ENCOUNTER KEYS

INSIDE THIS ISSUE:

<i>System Updates</i>	1-5
<i>Dilemmas</i>	2



Data Analysis & Research Unit

P.O. Box 25520
Phoenix, AZ 85002-5520
Mail Drop #6600

Fax: 602-417-4725

internet: www.ahcccs.state.az.us/publications

Technical Assistance Contact:

AHCCCSencounter@
ahcccs.state.az.us

Rate Changes

AHCCCS has set a rate for H0019 (Behavioral Health; long-term residential) used to bill for Level III Behavioral Health residential facilities. The new rate of \$137 per day is effective for dates of service on or after 10/01/2004. This code previously paid on a "By Report" basis.

Effective for dates of service on and after 05/01/2004 CPT code 76937 (Ultrasound Guidance for Vascular Access Requiring Ultrasound Evaluation of Potential Access Sites) has a rate of \$34.47. This code previously paid on a "By Report" basis from 01/01/2004-04/30/2004.

AHCCCS will not be adjusting the rates paid for services performed in Ambulatory Surgical Centers (ASC) as of 10/01/2004. This is consistent with the absence of rate increases for ASC services announced by Medicare as a result of section 626(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Effective with dates of service on and after 10/01/2004 rates for Nursing Facilities (NF) and Home and Community Based Services (HCBS) have been approved. Nursing Facilities rates were updated for inflation and to recognize the need for capital improvements. Home and Community Based Services rates were updated for inflation.

Rate schedules for NF and HCBS can be found at the AHCCCS web site:
<http://www.ahcccs.state.az.us/RatesCodes/>

Draft Reports

Two new draft reports Pended Encounters Detailed Aging Report (EC9EM187) and Duplicate CRN By Error Code (EC97R179) found on the FTP server, were unexpectedly moved into production. For working your current pended encounters, please disregard these reports. Please review and comment on the draft reports. Report layouts will be finalized by December and the new reports available in February 2005.



DILEMMAS

For the months of September and October, 2004, the following error code conditions are not subject to sanction when conditions listed are met:

- ◆ F100 - Procedure Code Missing or Invalid (AHCCCS coding needs to include new format of NNNNA)
- ◆ P340 - Provider Specific Rate Not On File For DOS (Only for Nursing homes billing therapy services)
- ◆ S385 - Service Units Exceed Maximum Allowed for **8XXXX** series CPT codes
- ◆ V398 - Procedure Code Must Be A Valid HCPCS Format of NNNNA (AHCCCS coding needs to include new format of NNNNA)

Place of Service 23

Effective with dates of service on and after 01/01/2004 place of service 23 - Emergency Room - Hospital can be reported for:

- 95812 -Electroencephalogram (EEG) extended monitoring; 41-60 minutes
- 99141- Sedation With Or Without Analgesia (Conscious Sedation)

Modifier Updates

Effective with dates of service on and after 07/01/2004 modifier U1 (Medicaid Level Of Care 1 Defined Each State) has been added to HCPCS code T2033 (Residential care, not otherwise specified (NOS), waiver; per diem). This code is set up for the Alzheimer's Pilot project to be used by Provider Type 57 (designated Pilot facilities) only.

Effective with dates of service on and after 01/01/2004 modifier 63 (Neonates/ Infants Up To The 4-Kg Cut Off) has been added to the following CPT codes:

- 36555 Insertion Of Non-Tunneled Centrally Inserted Central Venous Catheter
- 36557 Insertion Of Tunneled Centrally Inserted Central Venous Catheter
- 36560 Insertion Of Tunneled Centrally Inserted Central Venous Access

Effective with dates of service on and after 01/01/2004 the modifier 58 (Staged/related procedure same post-op period) has been added to the following CPT codes:

- 13160 - Secondary closure of surgical wound or dehiscence, extensive or complicated
- 33917 - Repair of pulmonary artery stenosis by reconstruction with patch or graft
- 36555 - Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
- 62223 - Creation of shunt; ventriculo-atrial, -jugular, -auricular ventriculo-peritoneal, -pleural, other terminus
- 62230 - Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
- 62258 - Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation



Effective with dates of service on and after 01/01/2004 modifier QB (Physician Providing Service In Rural HPSA) has been added to the following HCPCS codes:

- G0308 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients <2 yrs. of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.
- G0309 End Stage Renal Disease (ESRD) related services during the course of treatment, <2 yrs. of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.
- G0310 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients <2 yrs. of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month.
- G0311 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 2 and 11 yrs of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.
- G0312 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 2 and 11 yrs of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.
- G0313 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 2 and 11 yrs of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month.
- G0314 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 12 and 19 yrs of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month.
- G0315 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 12 and 19 yrs of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2 or 3 face-to-face physician visits per month.
- G0316 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients between 12 and 19 yrs of age to include monitoring the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month.



- G0317 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients 20 yrs of age and over; with 4 or more face-to-face physician visits per month.
- G0318 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients 20 yrs of age and over; with 2 or 3 face-to-face physician visits per month.
- G0319 End Stage Renal Disease (ESRD) related services during the course of treatment, for patients 20 yrs of age and over; with 1 face-to-face physician visit per month.
- G0320 End Stage Renal Disease (ESRD) related services for home dialysis patients per full month; for patients under two years of age to include monitoring for adequacy of nutrition, assessment of growth and development and counseling of parents.
- G0321 End Stage Renal Disease (ESRD) related services for home dialysis patients per full month; for patients under 2 to 11 years of age to include monitoring for adequacy of nutrition, assessment of growth and development and counseling of parents.
- G0322 End Stage Renal Disease (ESRD) related services for home dialysis patients per full month; for patients under 12 to 19 years of age to include monitoring for adequacy of nutrition, assessment of growth and development and counseling of parents.
- G0323 End Stage Renal Disease (ESRD) related services for home dialysis patients per full month; for patients 20 years of age and older.
- G0324 End Stage Renal Disease (ESRD) related services for home dialysis (less than full month), per day; for patients under two years of age.
- G0325 End Stage Renal Disease (ESRD) related services for home dialysis (less than full month), per day; for patients between 2 and 11 years of age.
- G0326 End Stage Renal Disease (ESRD) related services for home dialysis (less than full month), per day; for patients between 12 and 19 years of age.
- G0327 End Stage Renal Disease (ESRD) related services for home dialysis (less than full month), per day; for patients 20 years of age and over.



Provider Type Updates

Effective with date of service on and after 10/01/03 Provider Type 10 (Podiatrist) can report the following CPT codes:

- 29891 (Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect)
- 29892 (Arthroscopically Aided Repair Of Large Osteochondritis Dissecans)

Effective with date of service on and after 01/01/2004 Provider Type 19 (Registered Nurse Practitioner) can report the CPT code 97750 (Physical Performance Test Or Measurement (Eg, Musculoskeletal,))

Effective with dates of service on and after 11/01/2004 HCPCS code H0031 (Mental Health Assessment by a Non-physician), cannot be reported by Provider Type A3 (Community Service Agency).

Coverage Code Revision

Effective with dates of service on and after 07/01/2004, the coverage code has been changed to 01 (covered service/code available) for HCPCS code H0001 - Alcohol and/or drug assessment.

Edit Update

Effective immediately, error code S386 - Max Anesthesia Units Exceeded has been set to soft.

Effective December 2004, any remaining pended encounters for error code A951 – Force Pend for Contractor Review, will be sanctionable.

Due to the pushback of the proprietary cutover date and verification of all Third Party Liability (TPL) data, the following error codes will not be active until 01/01/2005:

- A605 - HPP & Other Insurance Amount > Billed Charge
- H620 - Other Insurance Indicated Value Y and Other Pay Amount Not Both Present
- P580 - Prescribing Provider Not on File and
- P585 - Prescribing Provider Locator Not on File
- Z220 - Prescribing Provider Id is Missing or Invalid;
- Z240 - Prescribing Provider Locator I

